

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH: 1. County of Apache  
District of Arizona  
Town of St. Johns  
or  
City of \_\_\_\_\_

NAME ADDED BY SUPPLEMENT: \_\_\_\_\_

State Index No. 16  
County Registrar No. 68  
Local Registrar No. 27

2. Full name of child Charles Franklin Anderson  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

5. No., in order of birth yes

6. Legitimate: \_\_\_\_\_

7. Date of birth May 29, 1923  
Month day year

8. FATHER  
Full name Albert Franklin Anderson

14. MOTHER  
Full maiden name Cora Sherwood

9. Residence (Usual place of abode) St. Johns, Ariz  
If nonresident, give place and state

15. Residence (Usual place of abode) St. Johns, Ariz  
If nonresident, give place and state

10. Color or race White

11. Age at last birthday 33 (Years)

16. Color or race White

17. Age at last birthday 32 (Years)

12. Birthplace (city or place) St. Johns, Ariz  
(State or country)

18. Birthplace (city or place) St. Johns, Ariz  
(State or country)

13. Occupation Druggist  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead X  
(c) Stillborn X

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 1:30 P.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from a supplemental report \_\_\_\_\_

Month, day, year. \_\_\_\_\_

Registrar. \_\_\_\_\_

Signature L. C. Sherwood  
(Physician or midwife)  
Address St. Johns, Ariz.

Filed 6/9, 1923 Martin Jensen  
Local Registrar.

Filed 6/10, 1923 T. J. Bouldin  
County Registrar.

315-529-324